

AUTHORITY FOR RELEASE OF INFORMATION

State and Federal Record Check

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Support Services to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for license with the ABC Commission/Alcohol Law Enforcement Division pursuant to N.C.G.S. 18B-902 (HB1638).

(Print or Type)

Last Name

First

Middle

Maiden

Social Security Number

Date of Birth

Sex

Race

I understand that the North Carolina State Bureau of Investigation, Division of Support Services, and its officials and employees shall not be held legally accountable in any way for providing this information to the Alcohol Law Enforcement Division and the ABC Commission, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Alcohol Law Enforcement Division and ABC Commission cannot provide a **hard copy** of the results of this criminal history record check to me.

Applicant's/Employee's Signature

Date

This request form must be accompanied with a transmittal letter from the Authorized Official or individual requesting Criminal History Record Information. This request must be mailed to:

State Bureau of Investigation
Attn: Identification Section/Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27626-0500

**ORI # ALEABC000 – ALCOHOL LAW ENFORCMENT-
ABC PERMITS**

01-132-11

ALE/ABC Permits

November 2002

SBI FINGERPRINT CARD CHECK - \$14.00 _____
FBI FINGERPRINT CARD CHECK - \$24.00 _____